

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Office of Training and Capacity Development

AIDS Education and Training Center
National Clinician Consultation Center

Announcement Type: New
Funding Opportunity Number: HRSA-16-173

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: February 1, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
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Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: December 1, 2015
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Legislative Authority: Section 2692 of Title XXVI of the Public Health Service Act (42 U.S.C. §300ff-111), and Section 2693 of the Public Health Service Act (42 U.S.C. §300ff-121) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2016 AIDS Education and Training Center National Clinician Consultation Center. The purpose of this program is to provide health care providers with a national resource to obtain timely and appropriate responses to clinical questions and inquiries relating to: 1) the treatment of people living with HIV (PLWH) and those at high risk for HIV infection; 2) health care worker exposure to HIV and other blood borne pathogens (e.g., viral hepatitis); 3) the treatment of pregnant women living with HIV and their exposed infants, and a perinatal referral service to connect them with HIV-experienced care providers; and 4) PLWH with behavioral health and/or substance abuse issues.

Funding Opportunity Title:	AIDS Education and Training Center National Clinician Consultation Center
Funding Opportunity Number:	HRSA-16-173
Due Date for Applications:	February 1, 2016
Anticipated Total Annual Available Funding:	Up to \$1,500,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	\$1,500,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 thru June 30, 2020 (4 years)
Eligible Applicants:	Eligible organizations are public and nonprofit private entities and schools and academic health science centers, including faith-based and community-based organizations. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

All interested applicants are encouraged to participate in a technical assistance (TA) webinar for this AETC NCCC funding opportunity. The technical assistance webinar is scheduled for **December 9, 2015 from 2:00 – 3:00 PM Eastern Time**. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Dial-in Phone Number: 1-877-925-9570

Passcode: 54646274

To access the webinar online, go to the Adobe Connect URL:
https://hrsa.connectsolutions.com/pre_application_ta/

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I. Program Funding Opportunity Description

1. Purpose

The purpose of this announcement is to solicit applications for the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), AIDS Education and Training Center National Clinician Consultation Center (AETC NCCC), a component of the HRSA AIDS Education and Training Center (AETC) Program.

The purpose of the AETC NCCC is to supply health care providers with a national resource to obtain timely and appropriate responses to clinical questions relating to: 1) the treatment of people living with HIV (PLWH) and those at high risk for HIV infection; 2) health care worker exposure to HIV and other blood borne pathogens (e.g., viral hepatitis); 3) the treatment of pregnant women living with HIV, and their exposed infants, and a perinatal referral service to connect them with HIV-experienced care providers; and 4) PLWH with behavioral health and/or substance abuse issues.

The efforts of the AETC NCCC will enhance the capacity of the regional AETCs to provide educational consultation to health care providers. With the FY 2015 recompeted AETC regional program, the regional AETCs have a greater focus on providing education, training, and capacity development to clinical providers who are not HIV experts. With this shift, the NCCC, through the work it does, will have a greater role in providing support for Ryan White HIV/AIDS Program (RWHAP) funded HIV expert or highly experience providers. The consultation service provided by the AETC NCCC is not intended to replace sub-specialty consultation but rather to provide information and advice to providers managing PLWH.

This FOA will support one (1) National Clinical Consultation Center tasked with serving all 50 states in the United States, the District of Columbia, the U. S. Virgin Islands, Puerto Rico, and the six U.S. affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

AETC NCCC Program Expectations

Clinical Consultation Expectations

Applicants should develop their proposed project based on program expectations to provide clinical consultation on HIV/AIDS in four consultative topics:

1) General clinical consultation for health care professionals relating to the treatment of PLWH and those at high risk for HIV infection.

The NCCC applicant is expected to establish a national service to provide a timely response to clinicians' questions relating to the treatment of PLWH. This service will be in the mode of a 'warmline.' This service should be developed and provided within the following specifications:

- (a) The NCCC is expected to provide services to a target audience which is consistent with the target audience for the regional AETC programs: health care providers who care for PLWH or at high risk of HIV.
- (b) The NCCC is expected to provide consultation by clinicians experienced in the treatment of PLWH. The NCCC should have the capacity to provide routine areas of consultation relating to treatment issues, including diagnosis, antiretroviral therapy, prophylaxis and treatment of opportunistic infections. These areas should include, but are not limited to, the following areas of educational consultation that are specifically related to the management of a patient with HIV:
- Gynecology
 - Neurology
 - Oncology/Hematology
 - Ophthalmology
 - Gastroenterology
 - Pediatrics
 - Pharmacology
 - Palliative care and pain management
 - HIV-related oral disease
 - Nutrition
 - Cardiology
 - Hepatitis B, C, and Tuberculosis
 - Special Populations, with an emphasis on correctional settings, and on homeless patients
 - Prevention of HIV transmission
 - Behavioral Health/Substance Abuse

The NCCC shall provide an immediate response for HIV/AIDS management to providers from 9:00 A.M. Eastern Time to 8:00 P.M. Eastern Time, Monday - Friday. A mechanism must be in place to receive requests during off-hours and weekends and provide a timeframe for response to these inquiries received when the NCCC is not operational. In addition, the NCCC must have the capacity to provide consultation services in both English and Spanish and demonstrate cultural competency and an understanding of the cultural issues affecting both clinicians and their patients.

- (c) The NCCC is expected to respond to inquiries from health care professionals regarding non-occupational post-exposure prophylaxis (nPEP) for patients potentially requiring such services. Questions on utilization of antiretroviral chemoprophylaxis before exposure (PrEP) for the prevention of HIV acquisition may also be a component of the spectrum of questions forwarded for expert counsel. The daily use of a combination of antiretroviral medications, PrEP was found to be an efficacious component of the prevention package to hinder HIV transmission.¹

¹ Center for Disease Control and Prevention; "Pre-Exposure Prophylaxis (PrEP).
<http://www.cdc.gov/hiv/prevention/research/prep/>

- (d) The NCCC is expected to provide consultation by clinicians experienced in the management of HIV patients co-infected with Hepatitis B or C.
- (e) The NCCC is expected to assist clinicians in linking PLWH with Hepatitis B or C to the most appropriate care. The NCCC is expected to develop a national referral network of education, training, and consultation services available to the AETCs, RWHAP funded programs, and to clinicians with expertise in caring for patients co-infected with HIV and Hepatitis B or C.
- (f) The NCCC is expected to have the capacity to handle 350-550 inquiries per month relating to the treatment of HIV infection and related HIV/AIDS clinical care issues.
- (g) The NCCC is expected to make services available at no cost to the service users through a toll-free 'warmline' telephone number and through the use of online internet based technology for clinicians who are working at their computer and/or are working using a hand held personal digital assistant (PDA) device/smart phone. The NCCC should utilize modalities to reach the largest number of clinicians possible by understanding how clinicians now access and retrieve information to provide optimum care for their patients. Responses should be provided through the service users' preferred method.

2) *Consultation on Post-exposure Prophylaxis (PEP): Clinical consultation for health care professionals relating to occupational exposure to HIV and other blood borne pathogens (e.g., viral hepatitis)*

The NCCC applicant is expected to establish a national service to provide 24-hour-a-day, 7 days a week consultation to health care professionals' questions relating to occupational exposure to HIV and other blood borne pathogens, i.e., a post-exposure hotline (PEpline). The NCCC is expected to routinely provide information which is consistent with the most recent CDC Post-exposure Prophylaxis Guidelines and reflect the current expert knowledge base relating to the assessment and treatment of post-exposure prophylaxis for HIV and other blood borne pathogens. The NCCC must develop a mechanism to ensure that regional AETCs have routine access to state-of-the-art developments relating to the assessment and treatment of post-exposure prophylaxis for HIV and other blood borne pathogens and that competency in this issue is routinely assessed by the regional AETCs.

This service should be developed and provided within the following specifications:

- (a) The target audience for the NCCC is expected to be health care workers at risk for occupational exposure to HIV and other blood borne pathogens. For the definition of health care workers and others at risk for exposure applicants should consult the [Updated Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-Exposure Prophylaxis.](#)
- (b) The NCCC is expected to provide consultation by clinicians experienced in the management of occupational exposure to HIV and other blood borne pathogens.
- (c) Because of the necessity for an immediate assessment and response to occupational exposure, the NCCC is expected to provide health care worker post-exposure consultation around the clock, 7 days a week. A mechanism should be in place for the

NCCC to provide an immediate response to service users with post-exposure questions. In addition, the NCCC should have the capacity to provide consultation services in both English and Spanish and demonstrate cultural competency and an understanding of the cultural issues affecting both clinicians and their patients.

- (d) The NCCC is expected to have the capacity to handle 600-1000 calls per month relating to health care workers' post-exposure consultation.
- (e) The NCCC is expected to make services available at no cost to the service users through a toll-free PEPlne telephone number and through the use of online internet based technology for clinicians who are working at their computer and/or are working using a hand held personal digital assistant (PDA) device/smart phone. The NCCC should utilize modalities to reach the largest number of clinicians possible by understanding how clinicians now access and retrieve information to provide optimum care for their patients. Responses should be provided through the service users' preferred method.

Additional funding from CDC may become available to the NCCC for operation of the HIV testing, PEPlne, and PrEPlne to assist health care facilities and health departments implement routine HIV testing in accordance with CDC's HIV Testing Recommendations in their geographic areas. Funds for the CDC Expanded Testing Initiative are authorized under Section 310 and 318 of the PHS Act (42 U.S.C. Sections 251 and 241c) as amended. Dependent upon the availability of appropriated funds, total CDC funds will be approximately \$524,000 with approximately \$34,000 in HIV testing funds, \$165,500 in PEPlne funds and \$324,000 in PrEPlne funds. Funds would be made available to the recipient through a supplemental funding opportunity.

The recipient will be expected to disseminate funds to the health department jurisdictions in accordance with CDC's PS12-1201 Expanded HIV Testing Program, Category B, in a manner consistent with need. Eligibility for Category B in Federal fiscal year 2015 is limited to health department jurisdictions with at least 3,000 Black/African American and Hispanic/Latino adults and adolescents (unadjusted number) living with a diagnosis of HIV infection as of the most recently available year-end surveillance reports to expand access to HIV testing for populations disproportionately affected by HIV, including African Americans, Hispanics, men who have sex with men, and injection drug users. The jurisdictions include: Alabama; Arizona; Atlanta, GA; Baltimore, MD; California; Chicago, IL; Colorado; Connecticut; District of Columbia; Florida; Georgia; Houston, TX; Illinois; Indiana; Los Angeles, CA; Louisiana; Maryland; Massachusetts; Michigan; Mississippi; Missouri; New Jersey; New York City; New York State; North Carolina; Ohio; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; South Carolina; Tennessee; Texas; and Virginia. These regions may be subject to change in subsequent Federal fiscal years of funding, based on changes in HIV epidemiology, over the project period. These funds may also be used to assess utilization patterns and outcomes, the impact of occupational exposure and post-exposure prophylaxis on health care personnel, post-exposure management trends over time, and the application of Public Health Service occupational PEP guidelines in practice. Funds would be made available to the recipient through a supplemental funding opportunity.

Additional funding from CDC may also become available to the NCCC recipient to jointly support the national service that will offer 24-hour-a-day, 7-day-a-week

consultation from HIV experts on indications and interpretations of perinatal HIV testing as well as consultation on treating pregnant women living with HIV and their exposed infants. These funds will also be used to support the collection of evaluation data on the services provided. The data would include: the number of calls received through the perinatal HIV service, the demographics of the clinicians seeking information, the time the call was made, the subject of the calls and a measure of customer satisfaction. Funds would be made available to the recipient through a supplemental funding opportunity.

Additional funding from CDC may also become available to the NCCC for operation of the Post-Exposure Prophylaxis (PEP) line.

3) *Clinical consultation for health care professionals relating to pregnant women living with HIV and their exposed infants, and a perinatal referral service to connect them with experienced HIV providers*

The NCCC applicant is expected to establish a national service to provide 24-hour-a-day, 7-days-a-week consultation on preventing perinatal transmission from mother to infant, i.e., a Perinatal Hotline.

This service should be developed and provided within the following specifications:

- (a) The target audience for this service is expected to be health care providers of HIV infected pregnant women and HIV-exposed infants.
- (b) Consultations shall focus on the management of pregnant women living with HIV and their exposed infants, as well as indications and interpretations of rapid HIV testing in pregnancy.
- (c) The NCCC is expected to provide consultation by clinicians experienced in the clinical management of pregnant women living with HIV and HIV-exposed infants.
- (d) The NCCC is expected to assist clinicians in linking PLWH women and HIV-exposed infants to the most appropriate care. The NCCC is expected to develop a national referral network of education, training, and consultation services available to the AETCs, RWHAP funded programs, and to clinicians with expertise in caring for perinatal HIV.
- (e) Because perinatal problems can require immediate assessment, the NCCC is expected to provide consultation around the clock, 7 days a week. A mechanism should be in place for the NCCC to provide an immediate response to requests for consultation about pregnant women living with HIV. In addition, the NCCC should have the capacity to provide consultation services in both English and Spanish and demonstrate cultural competency and an understanding of the cultural issues affecting both clinicians and their patients.
- (f) The NCCC is expected to have the capacity to handle 35-50 calls per month relating to pregnant women living with HIV and HIV-exposed infants.
- (g) The NCCC is expected to make services available at no cost to the service users through a toll-free Perinatal Hotline telephone number and through the use of online internet based technology for clinicians who are working at their computer and/or are working using a hand held personal digital assistant (PDA) device/smart phone. The NCCC

should utilize modalities to reach the largest number of clinicians possible by understanding how clinicians now access and retrieve information to provide optimum care for their patients. Responses should be provided through the service users' preferred method.

4) *Clinical consultation for health care professionals relating to PLWH with behavioral health and/or substance abuse issues*

The NCCC applicant is expected to establish a national service to provide 24-hour-a-day, 7-days-a-week consultation to health care professionals' questions relating to PLWH with behavioral health and/or substance abuse issues.

This service must be developed and provided within the following specifications:

- (a) The target audience for the NCCC is expected to be health care workers who treat PLWH with behavioral health and/or substance abuse issues.
- (b) The NCCC is expected to provide consultation by clinicians experienced in the management of PLWH with behavioral health and/or substance abuse issues.
- (c) The NCCC is expected to assist clinicians in linking PLWH with behavioral health and/or substance abuse issues to the most appropriate care. The NCCC is expected to develop a national referral network of education, training, and consultation services available to the AETCs, RWHAP funded programs, and to clinicians with expertise in caring for patients with behavioral health and/or substance abuse issues. The NCCC is expected to provide this national referral network to clinicians upon consultation.
- (d) The NCCC is expected to make services available at no cost to the service users through a toll-free warmline telephone number and through the use of online internet based technology for clinicians who are working at their computer and/or are working using a hand held personal digital assistant (PDA) device/smart phone. The NCCC should utilize modalities to reach the largest number of clinicians possible by understanding how clinicians now access and retrieve information to provide optimum care for their patients. Responses should be provided through the service users' preferred method.

Other Expectations

- 1) **The NCCC is expected to offer the opportunity of remote clinical consultation service to the regional and national AETCs.**
- 2) **The NCCC is expected to develop a library of educational materials commonly distributed in follow-up contact with its users.** This library will include materials developed by the NCCC expressly for this purpose and will be made available to regional AETCs and the AETC National Coordinating Resource Center (NCRC) for use in their training and consultation services. Additionally, an organized listing of library resources and, whenever possible, electronic versions of the materials will be posted on the AETC NCRC website (www.aidsetc.org). NCCC is expected to collaborate with NCRC to post electronic materials on the AETC NCRC website.

- 3) **The NCCC is expected to routinely provide information which is consistent with the most recent DHHS treatment guidelines and reflect the current expert knowledge base relating to treatment of HIV infection and related HIV/AIDS clinical care issues.** The NCCC should develop a mechanism to ensure that clinical consultants have access to state-of-the-art developments relating to the treatment of HIV infection and related HIV/AIDS clinical care issues and that competency in these issues is regularly assessed by the regional AETCs.
- 4) **The NCCC is expected to provide appropriate follow-up contact with service users. This may include: 1) referral to the service user's regional AETC for future education and training activities provided by that site; 2) transmittal of/or linkages to targeted reference and educational materials; and 3) with the service user's permission, giving contact and other identifying information to the service user's regional AETC.** To meet this expectation, the NCCC will develop educational materials for use in responding to common and/or emerging issues when appropriate educational materials are not otherwise available.
- 5) **The NCCC will create linkages with the regional AETCs and the AETC NCRC that will enhance the regional AETCs' training and consultation services.** These linkages may vary among AETCs, depending on regional needs and resources.
- 6) **The NCCC is expected to develop and implement a marketing plan that will promote the services to the target audience on a national basis using a variety of strategies, including online and social media mechanisms.** The NCCC will be responsible for establishing and marketing a nationwide distance-based (telephone and electronic) consultation service utilizing a variety of marketing tools, including online and social media mechanisms. The target audience for these services includes front-line health care professionals with an emphasis on physicians, physician assistants, advanced practice nurses, nurses, clinical pharmacists, and dental professionals. A particular emphasis should be placed on front-line providers caring for minority and disproportionately affected populations (including Spanish speaking providers), many of whom work in settings funded by the RWHAP and other HRSA programs. Additionally, other providers, such as infection control specialists, public safety workers seeking information relating to occupational exposure, emergency room physicians, pediatric and OB/GYN professional associations and organizations focusing on mothers and children are appropriate target audiences for marketing and services.
- 7) **The NCCC is expected to develop a methodology to demonstrate the impact of their clinical consultation and implement an evaluation plan and determine the impact of the program which documents the demographics and clinical characteristics of service users, the content of clinical consultation questions, user satisfaction and call resolution rate, and the methods of response and follow-up.** The NCCC is expected to provide semi-annual reports that provide analysis of the data to HRSA/HAB and/or a designated evaluation center.
- 8) **In addition to providing reports to HRSA/HAB, the NCCC is expected to communicate at least quarterly with the regional AETCs and AETC NCRC relating to services provided to clinicians inquiring from the AETC service areas.** This quarterly communication should be designed to assist the regional AETCs and the AETC NCRC in enhancing their needs assessment and program planning activities.

2. Background

This program is authorized by section 2692 of the Public Health Service (PHS) Act (42 U.S.C. 300ff-111) and section 2693 of the PHS Act (42 U.S.C. §300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

The AETC program is the professional training arm of the RWHAP. It is a network of both regional and national training centers that provide education, training, consultation, and clinical decision support to health care professionals who care for PLWH or at high risk of HIV infection. The AETC program has been a cornerstone of HRSA's HIV/AIDS program for over two decades. The mission of the AETC program is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission. This mission is obtained through implementation of multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV/AIDS. Overall, the AETC program is charged with increasing the knowledge, skills and behaviors of providers and organizations to be able to provide quality care and increase access to care.

National HIV/AIDS Strategy: Updated to 2020

The AETC Program aligns with the goals of the [National HIV/AIDS Strategy \(NHAS\)](#) Updated to 2020 (NHAS 2020). NHAS 2020 is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of [NHAS 2020](#):

- 1) Reduce new HIV infections;
- 2) Increase access to care and optimizing health outcomes for people living with HIV;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

Advances in four key areas are of critical focus for the next five years and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling people living with HIV to access treatment early;
- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; and
- Full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020 can be found here:

<https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

The AETC Program and its multiple components work together and serve as a comprehensive training and educational resource for health care providers in the treatment and prevention of

HIV/AIDS. Several national grants, cooperative agreements and special initiatives serve as crosscutting components of the AETC Program and support and complement the regional centers.

HIV Care Continuum

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV care continuum or the care treatment cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 30% of individuals living with HIV in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

The HIV care continuum measures also align with the [HHS Common HIV Core Indicators](#) approved by the Secretary. RWHAP recipients and providers are required to submit data through the Ryan White Services Report (RSR). Through the RSR submission, HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. HAB will calculate the HHS Core Indicators for the entire RWHAP using the RSR data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Secretary for Health.

II. Award Information

1. Type of Application and Award

Type of application sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- 1) Review content of clinical consultation services and the methodology used to provide such services.
- 2) Provide assistance in the management of activities;
- 3) Assist the recipient in establishing linkages between this project and other AETC and HAB-supported projects to enhance collaboration;
- 4) Ensure integration into the HAB programmatic and data reporting efforts;
- 5) Review all project information prior to dissemination; and
- 6) Review all conference presentations (oral, poster, roundtable, etc.) where cooperative agreement data activities, work products, and/or best practices and lessons learned are presented.

The cooperative agreement recipient's responsibilities shall include:

- 1) Collaborate with HAB and the various programs within the AETC network, including Regional AETCs and the AETC NCRC, to achieve the program expectations outlined in Section I of this FOA;
- 2) Identify activities to be planned jointly and to include HAB input and approval;
- 3) Inform HAB of project activities and allow ample time to receive input and/or technical assistance and any changes in key personnel; and
- 4) Attend annual RWHAP Recipient meeting in collaboration with regional and national AETCs in the Washington, DC area.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2019. Approximately \$1,500,000 is expected to be available annually to fund up to one (1) recipient. Applicants may apply for a ceiling amount of up to \$1,500,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for AETC NCCC in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible organizations are public and nonprofit private entities and schools and academic health science centers, including faith-based and community-based organizations and tribes and tribal organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the information required in the Guide, include information on all four (4) key components of the project: 1) the treatment of PLWH and those at risk for HIV infection; 2) consultation for occupational exposure to HIV and other blood borne pathogens (e.g., viral hepatitis); 3) consultation related to treating pregnant women living with HIV and their exposed infants and a perinatal referral service to connect them with HIV-experienced care providers; and 4) consultation related to PLWH with behavioral health and/or substance abuse issues.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION**—*Corresponds to Section V's Review Criterion 1 (Need)*

This section should briefly describe the purpose of the proposed project. Please provide a clear and succinct description of the clinical consultations that will address the needs of health care providers on the four consultative topics. This section should demonstrate an understanding of the HIV/AIDS epidemic and care delivery systems, the evolving HIV treatment options and associated challenges, and their impact on the clinical consultation needs of health care professionals practicing at the community level. The problems described by the applicant should be supported by, at a minimum, a preliminary statement of need, described below, and they should be reflected in the applicant's program plan, associated work plans and budgets.

- **NEEDS ASSESSMENT**—*Corresponds to Section V's Review Criterion 1 (Need)*

This section outlines the needs of the health care providers to be served. Clearly provide sufficient evidence to support the need for national level clinical consultation services for clinicians to improve health outcomes of persons living with HIV and those at risk of contracting HIV. Describe knowledge gaps in the current HIV/AIDS workforce focusing on the four consultative topics. Provide a concise summary of the literature demonstrating a comprehensive understanding of the four consultative topics. Applicants must describe how these clinical consultation services will support the HIV health workforce.

Data should be used and cited whenever possible to support the information provided.

- **METHODOLOGY**—*Corresponds to Section V's Review Criterion 2 (Response)*

Describe in detail your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project goals and objectives to all program expectations outlined in Section I. 1. of this FOA. Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the delivery of clinical resources for HIV/AIDS providers. Describe how your project addresses the need to supply health care providers with a national resource to obtain timely and appropriate responses to clinical questions relating to:

- 1) The treatment of PLWH and those at risk for HIV infection, including
 - PLWH with Hepatitis B or C; and
 - The daily oral use of a combination of antiretroviral medications, pre-exposure prophylaxis (PrEP);
- 2) Health care worker exposure to HIV and other blood borne pathogens (e.g., hepatitis);
- 3) The treatment of pregnant women living with HIV and their exposed infants and a perinatal referral service to connect them with HIV-experienced care providers; and
- 4) PLWH with behavioral health and/or substance abuse issues.

Describe the multiple modes of communication that will be used to be responsive to clinicians.

▪ *WORK PLAN—Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff. The work plan shall include the following information:

- Goals
- Objectives
- Action Steps
- Staff responsible
- Timeline for Action Steps
- Measurable Outcomes

The work plan should include goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Applicants are asked to include appropriate milestones (e.g., a significant or important event(s) in the four-year project period) and any products to be developed.

The work plan should include linkages and coordination with the regional and national AETCs, other RWHAP funded programs, AIDS Service Organizations (ASOs), Community Based Organization (CBOs), health professional organizations, State Primary Care Associations, State Primary Care Offices, academic institutions, public health agencies, health sciences schools, state and local corrections agencies, professional organizations, other HIV/AIDS-related service providers and other providers, including, but not limited to CDC-funded HIV Prevention Training Centers (PTC) counseling and prevention programs, Regional Training and Medical Consultation Centers (RTMCC), Viral Hepatitis Networking, Education, and Training (VHNET) recipients, Substance Abuse and Mental Health Services Administration funded Addiction Technology Transfer Centers (ATTC) training programs,

and the Office of Population Affairs Planning Regional Training Centers for Family Planning (RTC) Training programs.

Indicate the target completion dates for major activities, including required AETC Program Bi-Annual Progress Reports, and specify the person responsible for implementing and completing each activity. Describe the steps that will be used to achieve each of the activities proposed in the methodology section above. Use a time line that includes each activity and identifies responsible staff. Activities of subcontractors are to be reflected in this Work Plan. Please utilize a table format for the work plan and upload as **Attachment 1**.

Describe strategies to promote the NCCC on a national level to the appropriate health care providers and other targeted audiences, especially minority providers and those serving minority populations.

▪ *RESOLUTION OF CHALLENGES—Corresponds to Section V's Review Criterion 2 (Response)*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY —Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Please address the Program Evaluation and Quality Management Program from Section I of this FOA.

▪ *ORGANIZATIONAL INFORMATION—Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe the qualifications and experience of the Project Director, Clinical Director, Program Directors and other key personnel in relation to their ability to conduct the proposed project.

Applicants should demonstrate extensive experience in HIV disease and disease management, and program administration and monitoring. Describe expertise and experience in social media, web development, information technology, information sharing, and dissemination.

NARRATIVE GUIDANCE	
In order to ensure that the review criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan Table Format.

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing plan

Present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Include position descriptions that include the roles, responsibilities, and qualifications of proposed project staff. This may be in table format.

Attachment 3: Job Descriptions for Key Personnel

Keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including contractors and other significant collaborators.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement must be dated.

Attachment 6: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)

- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *February 1, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The AETC NCCC is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#). See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$1,500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to

provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The NCCC program has six (6) review criteria:

Criterion 1: NEED (10 points) - Corresponds to Section IV's Introduction and Needs Assessment

- Extent to which the applicant demonstrates an understanding of the HIV/AIDS epidemic and the HIV/AIDS service delivery system.
- Extent to which the applicant demonstrates an understanding of clinicians' needs for clinical consultation related to: the treatment of PLWH and those at high risk for HIV infection; the recommendation for provision of non-occupational post-exposure prophylaxis (nPEP) when warranted; potential benefit for pre-exposure prophylaxis (PrEP) in specific situations as prevention strategy; the treatment of health care workers after exposure to HIV and other blood borne pathogens; assisting health care workers meeting the needs of pregnant women living with HIV; the treatment of PLWH with Hepatitis B or C; and the training and technical assistance needs of the regional and national AETCs relating to clinical consultation.
- Extent to which the applicant identifies targeted providers in high-risk and minority communities and institutions across the nation, including those located in other HRSA funded clinical service facilities.
- Extent to which the applicant assesses how the proposed program is relevant at the national, State, or local level.

Criterion 2: RESPONSE (30 points) - Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Programmatic Capacity (10 Points)

- Extent to which the applicant demonstrates the capacity to 'staff' the HIV 'warmline', 'PEPlines', and 'Perinatal Hotline' during identified time periods with appropriate clinical experts
- Extent to which the applicant demonstrates an understanding of the goals of the AETC NCCC as defined in this FOA, and how the proposed project, if fully successful, would contribute to achieving these goals.
- Extent to which the applicant demonstrates expertise and leadership in the provision of clinical consultation services to the target audiences.
- Extent to which the applicant demonstrates the capacity to incorporate new treatment information into consultation and education and training activities.
- Extent to which the applicant demonstrates appropriate resources and expertise for program evaluation.
- Extent to which the organization demonstrates the capacity to manage, collect, utilize and report program data.

Work Plan (20 Points)

- Extent to which the work plan is realistic and has measurable and time-framed objectives that delineate the steps to be taken to implement the proposed project, and appropriate methods to monitor their achievement.
- Extent to which the applicant demonstrates the capacity to incorporate online internet technology in consultation and education and training activities and ability to respond to clinicians utilizing PDAs/smart phones, etc.
- Extent to which the applicant demonstrates the ability to utilize multiple modes of communication to be responsive to clinicians. These may include social media and other technology.
- Extent to which the applicant demonstrates the capacity to provide useful information to the regional and national AETCs and to be responsive to their training and technical assistance needs relating to their provision of clinical consultation.

Criterion 3: EVALUATIVE MEASURES (10 points) - Corresponds to Section IV's Evaluation and Technical Support

- Adequacy of the quality management and continuous quality improvement program (including resources) to regularly evaluate and modify the quality of services provided.
- Adequacy of program evaluation plan to assess activities to ensure that they are appropriate, effective, and reflective of the current knowledge base.
- Adequacy of the evaluation plan presented to measure, monitor, and evaluate the impact of the program on clinical practice.
- Adequacy of the quality management and continuous quality improvement program (including resources) to monitor and ensure quality administrative and fiscal management of the activities.

Criterion 4: IMPACT (10 points) - Corresponds to Section IV's Work Plan and Evaluation and Technical Support

- The extent to which the project will increase HIV clinical service capacity at the community provider level across the nation.

Criterion 5: RESOURCES/CAPABILITIES (30 points) - Corresponds to Section IV's Organizational Information

HIV Expertise (10 points)

- Extent to which the applicant demonstrates the qualifications and experience of the principal investigator, project director, clinical director, proposed staff and/or consultants in having an expert knowledge base in the treatment of HIV infection and its resulting medical outcomes in the provision of HIV/AIDS-related clinical consultation to health care providers, in the development of education and training materials, in program evaluation, and in providing multi-disciplinary and culturally competent expertise to the proposed program.
- Extent to which the proposed staffing plan provides both general and subspecialty expertise to respond to service users from various practice settings.
- Extent to which the applicant is able to provide technical assistance.
- Extent to which the applicant demonstrates the capacity to incorporate new treatment information into their activities, including rapid dissemination of late-breaking news.

- Extent to which the applicant demonstrates the overall capability, experiences and technical capacity to carry out the proposed project.
- Adequacy of the applicant's capacity to manage, collect, utilize and report program data which captures program information and individual provider participant information from all project funded activities.

Staffing Plan, Description and Presentation of the Project Organization, and Resources (10 points)

- Adequacy of the organizational structure to carry out the proposed project.
- Overall capability and experience of the applicant to carry out the proposed project.
- Adequacy of the expertise and leadership qualifications of administrative, fiscal and training components and ability to oversee and monitor contractors (if applicable).
- Feasibility of accomplishing the project in terms of 1) time frames, 2) adequacy, equity, and availability of resources (e.g., staffing, consultants, facilities, equipment) and 3) work plan.
- Extent to which the staffing plan, project organization, and other resources are: appropriate to carrying out all aspects of the proposed project; reflective of the diversity of the health care provider populations; and sensitive to cultural factors related to the target populations and the communities to be served.

Coordination and Collaboration (10 points)

- Extent to which applicant demonstrates evidence and adequacy of linkages and coordination with the regional and national AETCs, and other RWHAP funded programs including but not limited to sharing data, providing training and technical assistance to AETC trainers, especially those doing distance-based consultation through a combination of conferences and workshops.
- Extent to which applicant demonstrates evidence and adequacy of linkages and coordination with community based organizations, health professional organizations, ASOs, State Primary Care Associations, State Primary Care Offices, academic institutions, public health agencies, health sciences schools, state and local correction agencies, professional organizations, other HIV/AIDS related service providers and other providers, including, but not limited to CDC-funded HIV Prevention Training Centers (PTC) counseling and prevention programs, Regional Training and Medical Consultation Centers (RTMCC), and Viral Hepatitis Networking, Education, and Training (VHNET) recipients.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget/Budget Justification

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

Please Note: The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that the award will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) *Progress Report(s)*. The recipient must submit a progress report to HRSA on a **semi-annual** basis. Further information will be provided in the award notice.
- 2) *Final Report*: A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted online by recipients in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 3) *Minority AIDS Initiative (MAI) Report*: Recipients will be expected to report project activities related to the MAI. The data to be reported will include the number of consultations per topic and provider type.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Karen Mayo
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, 10NWH04
Rockville, MD 20857
Telephone: (301) 443-3555
Fax: (301) 594-4073
E-mail: KMayo@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Sherrilyn Crooks, PA-C
HIV Education Branch Chief, Office of Training and Capacity Development
Attn: Funding Program
HIV/AIDS Bureau, HRSA
5600 Fishers Lane, 09NWH04
Rockville, MD 20857
Telephone: (301) 443-7662
Fax: (301) 443-2697
E-mail: scrooks@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance:

All interested applicants are encouraged to participate in a technical assistance (TA) webinar for this AETC NCCC funding opportunity. The technical assistance webinar is scheduled for **December 9, 2015 from 2:00 – 3:00 PM Eastern Time**. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Dial-in Phone Number: 1-877-925-9570

Passcode: 54646274

To access the webinar online, go to the Adobe Connect URL:

https://hrsa.connectsolutions.com/pre_application_ta/

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [*SF-424 Application Guide*](#).